

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobb	<sub>oyist(s)</sub> Donald	Baldini				
	oyist's partnership, s utual Insurand	•	ion, if any:			
	(Name of partnership,	firm or corporation	1)			
175	Berkeley S	treet Bos	ston	MA	02116	
Business Address:	(Street)	(Town	/City)	(State)	(Zip Code)	
( ) 617-5	74-5867	( )		e-mail donald.t	paldini@libertymutual.com	
(Teleph	one)		(Fax)			
	ent covers: (Choose use transactions wh				may file a separate report for	
			·	·	o the following client:	
	itual Insuranc		prior to the rep	orting date relative t	o the following chemi.	
			on the Lobbyist	Registration Form)	<del></del>	
<u>OR</u>						
All reportable unrelated to any p		obbyist (including	g the lobbyist's	s family), or the lobb	ying firm listed below which are	
IV. Date of Repo	ort April 25, 201	8 🗆		July 25, 2018		
Reports cover:	activity from date of r		18 acti	activity from 4/1/18 to 6/30/18		
	October 31, 2 activity from 7/1/		act	January 30, 2019 ivity from 10/1/18 to 12		
		-			e the last report.  e, State House, Room 204,	
VI. Check if add	litional reports are a	ittached:				
_	eceived fees or made		u must file <b>Ad</b>	dendum A- Fees and	d Expenses	
☐ If you have p Expense Reimbur		reimbursed expe	enses, you mus	t file Addendum B–	Report of Honorariums or	
☐ If you, your i	firm, or your family h	as made political	contributions,	you must file Adder	ndum C- Political Contributions	
I have read RSA and complete to t	nt/Affirmation by Lo 15, RSA 15-B, RSA the best of my knowle ld 7. Melsk	14-C and RSA 66 edge and belief.	64 and hereby	swear or affirm that t	he foregoing information is true	
(Signature of lob					Date)	
Donald Ba	• •			(	RECEIVED	
(Print Name of le		···			I VI OLIVED	
(FILL IVAIDE OF I	oooyist)				JAN 29 2019	